



SECTION AFFILIATE APPLICATION (Section Fee \$15)

Name: _____ Date of Birth: _____
(optional) month/day/year

Job Title: _____

Professional Registration _____ AICP _____ PE _____ EIT _____ PTOE

Other (e.g. please describe other accreditation and the organization):

Firm/Agency: _____

Business Phone: _____ Business Fax: _____

Email: _____

Mailing Address: _____

ITE Status: Are you currently a member of ITE?
International _____ Yes _____ No
Any Section _____ Yes _____ No
If yes, which one(s) _____

List any degree(s) earned or percentage of work completed towards a degree:

Current Job Duties: _____

Signature: _____ Date: _____